

Pediatric Sleep Questionnaire
Ages 17 and younger

IDENTIFICATION:

Today's date	
Name	
Sex	
Date of birth	
Social Security Number	
Height	
Weight	
Address	
City	
State	
Zip	
Name of parent completing this	
Home phone	
Cell phone	
Web address	
Emergency contact	
Emergency contact phone	
Pediatrician name	

PRESENT ILLNESS, PEDIATRIC SLEEP SYMPTOMS

INSOMNIA, OR AWAKE DURING SLEEP TIME	Seldom	Some	Often
Cannot fall asleep			
Cannot stay asleep			
Wake up too early			

BREATHING PROBLEMS DURING SLEEP	Seldom	Some	Often
Snoring			
Some one has seen you not breath			
Gasping for breath or air			

SLEEPY WHILE AWAKE	Seldom	Some	Often
Fall asleep during the day			
Take naps in chair			
Snore during naps			

PROBLEM WITH TIMING OF GOOD SLEEP	Seldom	Some	Often
Sleep begins late in night			
Sleep begins early in evening			
Sleep can happen any time			
Sleep varies from week to week			
There is no good sleep			

BEHAVIOR AROUND THE TIME OF SLEEP	Seldom	Some	Often
Awake confused			
Walk or talk in sleep			
Awake in a panic or frightened			
Awake paralyzed			
Awake in a bad dream			
Seen awake acting strange			
Wet the bed			
Awake with a headache			

MOVEMENTS ABOUT THE TIME OF SLEEP	Seldom	Some	Often
While awake, urge to move, better with moving, worse with being still, worse at night			
Legs movements while asleep			
Leg cramps while asleep			

Grinding teeth while asleep			
Rhythmic body movements			

EVENTS OF A RECENT DAY

Time to bed?	
Took a medicine?	
Slept alone?	
How long to fall asleep?	
How many times awake?	
When woke up?	
What caused wake up?	
How long to get out of bed?	
How much caffeine during the day?	

IN GENERAL, QUESTIONS ABOUT CHILD

What time does your child go to bed on school nights?	
What time does your child get out of bed on school mornings?	
What time does your child go to bed on non-school nights?	
What time does your child get out of bed on non-school mornings?	
Does your child watch T.V. or listen to the radio while falling asleep?	
Has trouble in school with falling asleep?	
Feels weak or collapses when afraid, happy or sad?	
Reports not being able to move when falling asleep or awakening?	

PAST MEDICAL HISTORY

CURRENT MEDICATIONS

Drug name *Amount* *Times per day* *reason* *how long taken* *Prescribed by*

<i>1 ex. Aspirin</i>	<i>325mg</i>	<i>Once daily</i>	<i>Headaches</i>	<i>For two years</i>	<i>Dr. John B Doe</i>
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Drug Allergies:

Please list:

ILLNESSES

Anemia	
Asthma	
Low vitamins	
Irregular heart beat	
Epilepsy or seizures	
ADD/ADHD	
High blood pressure	
Frequent nasal congestion	
Recurrent tonsillitis	
Poor or delayed growth	
Other	

INJURIES

Head	
Neck	
Back	
Extremities	
Work or car	
Other	

SURGERIES

Tonsils, adenoids, sinus, nose or apnea	
Ear tube surgery	
Other	

TESTS

Type	Year	Body Part	Result
Blood			
X-ray			
CT			
MRI			
EEG, brain wave			
Sleep study			

FAMILY HISTORY

	Health	
Mother		
Father		
	Number	High blood pressure, stroke, cancer
Siblings		

SOCIAL HISTORY

With whom do you live?	
How do you spend the day?	

REVIEW OF SYSTEMS

Weight change	
Kidney stones	
Hospitalized for allergic reactions	

PEDIATRIC DAYTIME SLEEPINESS SCALE

How often do you	Always	Frequently	Sometimes	Seldom	Never
fall asleep or get drowsy during class periods					
get sleepy or drowsy while doing homework					
are alert most of the day?					
get tired and grumpy during the day?					
have trouble getting out of bed in the morning?					
fall back to sleep after waking up in the morning?					
need someone to awaken you in the morning?					
think that you need more sleep?					

Drake C, Nickel C, Burduvali E et al. The pediatric daytime sleepiness scale (PDSS): sleep habits and school outcomes in middle school children. *SLEEP* 2003;26(4):455-458

Put "C" when you have any caffeine. Put "M" for any medicine; "A" alarm clock or noise.

Put down arrow ↓ when you get into bed. Put an up arrow ↑ when you get out. Shade in [] or put marker ↔ when sleeping

Sample entry below: Nap at 2 PM up at 3 PM, Into bed 8 AM. Fell asleep 9pm. Awoke 1AM for 1 hr, got up.

Back to bed 1:30. Asleep 2 PM. Awoke 5AM to alarm clock. Got about 5:30 AM. Drank coffee at 6AM.

Today's date	Day of week	7:00 AM	8	9	10	11:00 AM	12 NOON	1:00 PM	2	3	4	5	6	7 SUNDOWN	8	9	10	11	Midnight	1:00 AM	2	3	4	5	6 SUNUP	Hours in bed	Hours asleep	
sample	Mon								↕	↑				A	M				↑	↓	↔			N	↑	C		
	Sun																											
	Mon																											
	Tue																											
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W. Warren, MD, Sleep Medicine, 10/1/2007

SLEEP DIARY, THREE WEEKS